

Case Number:	CM14-0165773		
Date Assigned:	10/10/2014	Date of Injury:	06/03/2013
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 37-year-old male with a 6/3/13 date of injury. At the time (9/2/14) of request for authorization for Bilateral L4-L5, L5-S1 transforaminal Epidural Steroid Injection (4 Injections), Anesthetic agent/steroid, with imaging guidance, there is documentation of subjective (low back pain c) and objective (decreased lumbar range of motion, tenderness to palpation along the left lower back and sciatic notch, intact motor strength, sensation and reflexes of the bilateral lower extremities, and positive straight leg raise testing) findings, imaging findings (MRI of the lumbar spine (8/11/14) report revealed bilateral lateral recess stenosis at L4-5; no posterior disc herniation and patent central canal and neural foramina at L5-S1), current diagnoses (left lumbar radiculopathy), and treatment to date (medications, activity modification, and physical modalities). There is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions, objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions, and imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral L4-L5, L5-S1 transforaminal Epidural Steroid Injection (4 Injections), Anesthetic agent/steroid, with imaging guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of a diagnosis of left lumbar radiculopathy. In addition, there is documentation of imaging (MRI) findings (lateral recess stenosis) at L4-5 and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (low back pain with severe left-sided radiculopathy), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, given documentation of objective findings (intact motor strength, sensation, and reflexes of the bilateral lower extremities), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. Furthermore, given documentation of imaging findings (MRI of the lumbar spine identifying no posterior disc herniation and patent central canal and neural foramina at L5-S1), there is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at L5-S1. Lastly, the requested 4 injections exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4-L5, L5-S1 transforaminal Epidural Steroid Injection (4 Injections), Anesthetic agent/steroid, with imaging guidance is not medically necessary.